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**\*\* CONTINUING DATA \*\*\*\*\***

THIS APPLICATION IS A DIV OF 09/071,710 05/01/1998 PAT 6,130,043  
 AND A CIP OF 08/850,713 05/02/1997 ABN

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 10/24/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> M after Allowance	IL	9	22	14
Verified and Acknowledged	Examiner's Signature Initials				

**ADDRESS**

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**TITLE**

Reagents and methods useful for detecting diseases of the prostate

<b>FILING FEE RECEIVED</b>	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
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1626

No. \_\_\_\_\_ for following:

1.18 Fees (Issue)

Other \_\_\_\_\_

Credit